

**2021 Pharmacy Benefit Options for
PPO Wise Max 4000 National HDHP LG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$0/\$50/\$100	\$0/\$100/\$300
\$10/\$30/\$50	\$20/\$60/\$150
<ul style="list-style-type: none">• Prescription drugs are subject to the combined medical pharmacy deductible for this plan.• For prescriptions from an Out-of-Plan retail pharmacy, 20% coinsurance applies after copay.• Mail Order prescriptions from Out-of-Plan providers are not covered.	